



Application for Employment

PERSONAL INFORMATION

Complete all applicable information

Name (Full - Last, First, Middle)			
Position(s) applied for:		Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Nights	
Street Address:	City	State	Zip
Home Phone	Business Phone		E-Mail Address
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no may be required to provide authorization to work.)			When could you start employment?
Are you over the age of 18 Years <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?

EMPLOYMENT HISTORY (List below three employers, Starting with the most recent one first)

Present or Last Position	Name of the Company		From Mo/Yr		To Mo/Yr	
Street Address			City	State	Zip	
Duties:			Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?		
Name of Supervisor		Title and Department Of Supervisor		Phone Number of Supervisor		
Next Previous Position	Name of the Company		From Mo/Yr		To Mo/Yr	
Street Address			City	State	Zip	
Duties:			Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?		
Name of Supervisor		Title and Department Of Supervisor		Phone Number of Supervisor		
Next Previous Position	Name of the Company		From Mo/Yr		To Mo/Yr	
Street Address			City	State	Zip	
Duties:			Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?		
Name of Supervisor		Title and Department Of Supervisor		Phone Number of Supervisor		

EDUCATION INFORMATION

High School or GED	Address	City	State	Degree	Subjects Studied	
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA

REFERENCES (other than those previously listed; no relatives)

Name	Address	City	State	Zip	Phone #
Business or Position:		Years Known:			
Name	Address	City	State	Zip	Phone #
Business or Position:		Years Known:			
Name	Address	City	State	Zip	Phone #
Business or Position:		Years Known:			

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, citizenship, marital status, expunged juvenile records, pregnancy, genetic information, sexual orientation, gender identity, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristics protected by Federal, State or Local Law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. Our company participates in E-Verify; therefore, all new hires will be run through the E-Verify system.

The employee/applicant may be required to submit to drug/alcohol testing during the scope of their employment. The employee/applicant agrees to binding arbitration of any employment disputes pursuant to XcelHR's Dispute Resolution Program which is incorporated by reference herein.

If hired I agree to abide by all the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by an representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by the law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

Signature of Applicant

Date